

FORM NO: 01

OFFICE OF THE HOSTEL WARDEN- IISER KOLKATA

ACCOMMODATION APPLICATION FOR NON-ENROLLED STUDENTS

1.	Name: Address:	Roll No. (If applicable): Dept: Gender: Male <input type="checkbox"/> / Female <input type="checkbox"/> Mobile: Email:
2.	Reason (s) of staying in the hostel (please tick one): <div style="display: flex; justify-content: space-between;"> <div> (a) Involved in a project funded by extramural agency Must attach relevant office order issued by DoRD Office Project Name / No.: </div> <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 10px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> (b) Research/Academic work with faculty member supported By non-extramural funding Must attach DoAA approved application by faculty supervisor </div> <div style="border: 1px solid black; width: 50px; height: 30px; margin-left: 10px;"></div> </div>	
3.	Period of accommodations: From: to (As mentioned in above documents as applicable)	
4.	Source from which hostel charges will be paid : ARF <input type="checkbox"/> CPDA <input type="checkbox"/> PROJECT <input type="checkbox"/> INSTITUTE <input type="checkbox"/> OTHERS <input type="checkbox"/>	

Forwarded by:

Signature of the faculty member for 2[a] / 2[b]
 Recommended for 2(a)

Signature of the applicant with date
 Recommended for 2(b)

DoRD (For extramural fund related appointments)	DoAA (For non-extramural fund related appointments)
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For Use of hostel office

The necessary documents are attached and the form is in order: **Approved** ☐ **Not approved** ☐

(Signature of the Hostel Asst.): Dated:

Warden's Signature (NSCB / ICV / Nivedita)

Chief warden/DoSA (DoSA if Chief warden is not available)

Room Charges (if applicable)

No. of days:	Room charges per-day:	Total amount:
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Rupees (in words): may be deducted from ARF/CPDA/PROJECT of Prof./Dr. on account of hostel room tariff and an acknowledgment may be sent to the DoS office.

Signature of the Hostel Assistant (NSCB/ICV/Nivedita): _____ **date** _____

For the use of Finance & Accounts Section

In case the hostel room tariff is being collected from ARF/CPDA, it will be the responsibility of the indenter to get the certification in the following columns from the Finance & Accounts Section before submitting this form:

Available Fund: (in INR) _____

Signature and date of verifier: _____

(Note: Please keep a record so the amount can be deducted from the respective head after submitting the invoice from the hostel section.)

For the use of the office of the Research & Development

In case the hostel room tariff is being collected from PROJECT, it will be the responsibility of the indenter to get the certification in the following columns from the office of the Research & Development before submitting this form:

Available Fund: (in INR) _____

Signature and date of verifier: _____

(Note: Please keep a record so the amount can be deducted from the respective head after submitting the invoice from the hostel section.)

***** Strike out which is not applicable.**

Important Note

- * In case the payment head is ARF/CPDA/Project. Kindly get the certification done by the concerned department /section. Without any authentication the form will not be accepted by the Hostel Section.
- * **If hostel room tariff not paid by the students, recommending faculty will be liable to pay.**
- * **The daily accommodation charge is Rs.100/- per person.**
- * **Bedding charges will be extra and to be paid on actual basis as charged by the supplier (To be paid directly to the vendor, may be in advance)**

----- Please help us for error free work, thanks for kind support -----

For use of the F&A / DoRD Section:

Rs..... (in figure)..... (in word)

Deducted from ARF / CPDA / Project of Prof. / Dr.

dated Payment receipt details, if any: (transaction ID, Date etc)

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Signature with date (F&A / DoRD Section):

Remarks (if any): _____